CITY OF AUSTIN / TRAVIS COUNTY EMS BILLING FORM

SIGNATURE FOR MEDICARE / MEDICAID / PRIVATE HEALTH INSURANCE

I authorize payment of medical benefits to the undersigned physician or supplier for the services described above. I hereby authorize any hospital, doctor, or health care provider that has attended or examined me to release to the Austin EMS Department, any or all information regarding any illness or medical history. A photostatic copy of this authorization is considered as valid and effective as the original. I hereby assign to Austin EMS any insurance or other third-party benefits covering this service, up to the full amount owed. I understand that my third-party insurance or any other health insuring agent determines the medical necessity of the services or items that I request and receive. I also understand that I am responsible for payment of the services or items I request and receive, if these services or items are determined by the Third party agent not to be reasonable and medically necessary for my care.

I understand that, in the opinion of Austin EMS, the services or items that I have requested to be provided to me on 5/10/07 (date) may not be covered under the Texas Medical Assistance Program as being reasonable and medically necessary for my care. I understand that the Texas Department of Human Services or its health insuring agent determines the medical necessity of the services or items that I request and receive. I also understand that I am responsible for payment of the services or items I request and receive if these services or items are determined not to be reasonable and medically necessary for my care.

X _____ 5/10/07 Print name of person signing form: _____

Signature of Patient / Guardian / Legal Representative — Date Signed

Address: SAB Relationship: SELF

☒ Received Privacy Notice ☒ Patient unable to sign *(must explain why)*: Arm Injury - Paralyzed given

EMS Paramedic Signature: _____ Employee ID number: 1992 Date Signed 5/10/07

Patient / Incident Demographics Initial EMS patient contact at: 1258 (military time) Incident Date: 5/10/07 Incident Number: 153

Full Name (first / MI / last): Mitch Eggars Age: 49 DOB: 3/19/58

SSN: UNK Sex: ☒ Male ☐ Female Driver's License #: _____ State: _____

Street Address: 4306 Ave D City: Austin State: TX Zip code: 78751

County of Residence: Austin Patient Phone: 760-809-6390 Patient # 1 of 1 (if multiple patients in unit)

Guardian / Next of Kin: SELF

Primary Insurance

MEDICARE _____

MEDICAID _____

MAP _____

Insured: _____

Company BCBS

Address _____

Address _____

City _____

State _____ Zip _____

Policy _____

Group # _____

Insured _____

☐ **On The Job Injury**
*(if checked, **must** complete information below)*

☐ **City of Austin Employee**
If checked, Department _____

Employer: _____

Company Name (if different from above): _____

Physical Street Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Supervisor: _____

Sup… …nce

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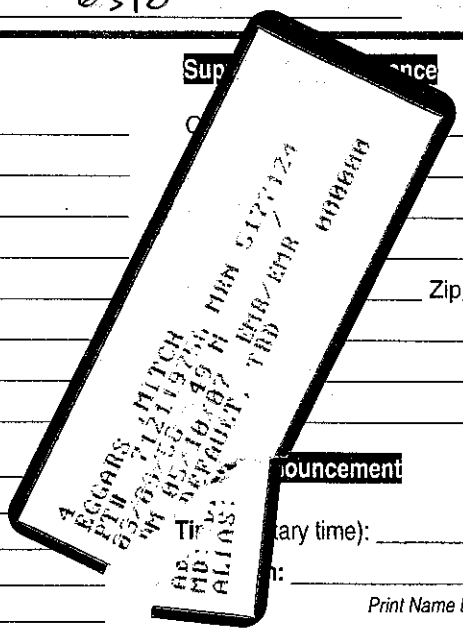
Ti… …tary time): _____

…n: _____

Print Name Legibly



Incident Zipcode: 78751 (if unknown use CAD zipcode) Hospital Chart Number: _____

Incident Address Location: 53rd / Ave D ☒ City of Austin ☐ In County ☐ Out of County

Incident Location Type: ☐ Hospital ☐ Nursing Home ☐ Residence / Apartment ☒ Scene type (hwy, business etc.) roadway

Transported To: ☐ BRACK ☐ HHOA ☐ NAMC ☐ RRMC ☐ SAH ☒ SMC ☐ SSW ☐ STDH ☐ SNW ☐ Other _____

Transported By: ☒ EMS Ground ☐ EMS Air ☒ In County ☐ Out County ☐ Other : _____

Transport Code: ☐ Basic (BLS) ☒ Advanced (ALS)

EMS Requested By: ☐ Family ☒ Law ☐ Third Party Caller ☐ Patient ☐ Other EMS agency ☐ Other _____

Transport Due To: ☐ Doctor Preference ☐ Patient Preference ☐ Trauma Guidelines ☒ Hospital Location ☐ Hospital Bypass
☐ SOC Specific Protocol ☐ Public Safety Assist (STAR Flight) ☐ Ground vs. Air Transport Time ☐ System Availability

Mother of Known Given

CITY OF AUSTIN / TRAVIS COUNTY EMS BILLING FORM

Complaint Code(s)	Reason For Transport Required (Brief Description Only)
1. 118	Accident – Bicycle
2. 320	Elbow – Injury
3. 740	Hip Pain
4. 458	Knee – Abrasion
5.	

PROCEDURES / MEDICATIONS (check all that apply)

	Procedures / Intervention	Specifics	Size / Other	Amounts Used
1.	☐ AIRWAY	☐ ET ☐ NG ☐ NPA ☐ OPA ☐ LMA ☐ Combitube	Size Used_____ Size Used_____	
2.	☑ BANDAGING			1
3.	☑ CAPNOGRAPHY ($ETCO_2$)	☑ Adult ☐ Pediatric		1
4.	☐ CHEST DART			
5.	☐ CPR			
6.	☐ CRYOTHERAPY (ICE PAK)			
7.	☐ CRICOTHYROTOMY	☐ Needle ☐ Surgical	ET Tube: (size) _____	
8.	☐ DEFIB / CARDIOVERSION	☐ AED ☐ LIFEPAK 10 / 11 / 12	PADS: ☐ Adult ☐ Pediatric	
9.	☑ ELECTROCARDIOGRAM (EKG)	☑ 4-Lead ECG ☐ 12-Lead ECG		1
10.	☐ DEXTROTEST (Blood Glucose)			
11.	☐ OBSTETRICAL KIT			
12.	☑ OXYGEN ADMINISTRATION	☑ Cannula ☐ NRB ☐ Nebulizer	BVM: ☐ Adult ☐ Pediatric	1
13.	☐ PACING (Transcutaneous pacing)	☐ Adult ☐ Pediatric	PADS: ☐ Adult ☐ Pediatric	
14.	☑ PULSE OXIMETRY (SPO_2)	☑ Reusable sensor ☐ Disposable Sensor		1
15.	☐ SPINAL IMMOBILIZATION			
16.	☐ SPLINTING (Fx immobilization)	☐ Board ☐ Traction ☐ OSS / KED ☐ Pedi-Pak ☐ KTD ☐ Vacuum		
17.	☐ STRETCHER			
18.	☐ SUCTIONING	☐ Endotracheal ☐ Oral ☐ Nasal	Fr. Catheter (size): _____	
19.	☑ INTRAVENOUS FLUID THERAPY:	☑ Peripheral ☐ External Jugular ☐ Saline Lock	IV Catheter (size): 18	1
	☑ *IV FLUID*	☐ Sodium Chloride (# 1)	☐ 50 mL ☐ 250 mL ☑ 1000 mL	1
	☐ *IV FLUID*	☐ Sodium Chloride (# 2)	☐ 50 mL ☐ 250 mL ☐ 1000 mL	
	☐ *IV FLUID*	☐ Lactated Ringers (# 1)	☐ 1000 mL	
	☐ *IV FLUID*	☐ Lactated Ringers (# 2)	☐ 1000 mL	

☐ **RESCUE:** ☐ Hazardous materials ☐ Helicopter ☐ High-Angle ☐ Trench ☐ Vehicle ☐ Water

☐ **STARFLIGHT:** ☐ Intravenous Package (IV pump tubing) ☐ Airway (RSI medications/equipment))

Code	MEDICATIONS	Amounts	Code	MEDICATIONS	Amounts
1.	☐ ACETAMINOPHEN LIQUID	_____ bottle(s)	22.	☐ LIDOCAINE 2% IV BOLUS	_____ bristo-ject(s)
2.	☐ ADENOSINE 6 mg	_____ vial(s)	42.	☐ LIDOCAINE INFUS. 1 gm/250 mL	_____ bag(s)
3.	☐ ALBUTEROL 2.5 mg	_____ unit dose(s)	23.	☐ LIDOCAINE 2% JELLY	_____ tube(s)
4.	☐ AMIODARONE 50 mg/mL	_____ ampule(s)	24.	☐ MAGNESIUM SULFATE	_____ vial(s)
5.	☐ ASPIRIN 81 mg tablets	_____ tablet(s)	43.	☐ METHYLPREDNISOLONE 125 mg	_____ vial(s)
41.	☐ ATROPINE 1:1000	_____ vial(s)	25.	☐ METHYLPREDNISOLONE 1 gram	_____ vial(s)
6.	☐ ATROPINE 1:10,000	_____ bristo-ject(s)	26.	☐ MIDAZOLAM	_____ vial(s)
7.	☐ ATROPINE 8 mg / 20 mL	_____ vial(s)	27.	☐ MORPHINE SULFATE	_____ vial(s)
9.	☐ CALCIUM GLUCONATE 10%	_____ vial(s)	28.	☐ NALOXONE	_____ vial(s)
11.	☐ DEXTROSE 50%	_____ bristo-ject(s)	29.	☐ NIFEDIPINE	_____ capsule(s)
12.	☐ DIAZEPAM	_____ ampule(s)	30.	☐ NITROGLYCERIN PASTE	_____ inch(es)
13.	☐ DILTIAZEM	_____ bristo-ject(s)	31.	☐ NITROGLYCERIN 0.4 mg TABS	_____ tablet(s)
15.	☐ DIPHENHYDRAMINE PO 25 mg	_____ capsule(s)		☐ NITROUS OXIDE	_____ bottle(s)
16.	☐ DIPHENHYDRAMINE 50 mg/mL	_____ vial(s)	32.	☐ ORAL GLUCOSE 40%	_____ tube(s)
	☐ DOLASETRON	_____ ampule(s)		☐ PHENYLEPHRINE SPRAY	_____ bottle(s)
14.	☐ DOPAMINE	_____ vial(s)	34.	☐ PROCAINAMIDE	_____ vial(s)
17.	☐ EPINEPHRINE 1:1000	_____ ampule(s)	35.	☑ PROMETHAZINE	1 ampule(s)
18.	☐ EPINEPHRINE 1:10,000	_____ bristo-ject(s)	36.	☐ SODIUM BICARBONATE	_____ bristo-ject(s)
19.	☐ EPINEPHRINE 30 mg / 30 mL	_____ vial(s)	37.	☐ SUCCINYLCHOLINE	_____ vial(s)
	☐ ETOMIDATE	_____ vial(s)	38.	☐ THIAMINE	_____ vial(s)
20.	☐ FUROSEMIDE	_____ vial(s)	40.	☐ VECURONIUM	_____ vial(s)
21.	☐ IPRATROPIUM BROMIDE	_____ unit dose(s)		OTHER: Fentanyl	2 Bristo Jects

PROVIDER NAMES (Print legibly) (list provider completing form first)	EMPLOYEE ID	RESPONDING / TRANSPORT UNIT (transporting unit is to be listed in line # 1)	FLIGHT NUMBER / NAUTICAL MILEAGE
1. L Dutkins	1992	Medic 301 Rescue ___ STAR Flight ___ Other ___	N/A
2. Hamby	2246	Medic 307 Rescue ___ STAR Flight ___ Other ___	
3.		Medic ___ Rescue ___ STAR Flight ___ Other ___	
4.		Medic ___ Rescue ___ STAR Flight ___ Other ___	Nautical Miles: ___

ODOMETER BEGIN: 388 ODOMETER END: 390 TOTAL MILES: _____ ☐ PATIENT NOT TRANSPORTED

☐ Cat 1 Trauma ☐ Chemical Restraint ☐ DNAR **Vehicle Extrication Required** ☐ Yes ☑ No **Patient** 1 of 1

Incident Location: Davis / [illegible] **Incident Zip:** 78 [illegible] **Incident Date:** 5/10/07 **Incident #** 155

Total on scene time: 2 hrs 16 mins *If on-scene time is greater than 10 minutes on Cat 1 or 2 patients, explain why in narrative.* **Flight #:**

Est. Time of Injury: ~1240 **Dispatched:** 1242 **On-Scene:** 1256 **Transported:** 1322 **Out at Hospital:** 1336

Patient Name: Mitch Eggers (If minor, guardian): N/A Phone: 760-809-6390

Patient Age: 49 ☐ Unknown **Date of Birth:** 3/9/58 **Gender:** ☑ Male ☐ Female **Physician(s):** None

Ethnicity: ☑ White, non-hispanic ☐ Hispanic ☐ Black ☐ Asian / Pacific Islander ☐ American Indian / Alaskan Native ☐ Other ☐ Unknown

Medical HX: ☑ Denies ☐ Unknown ☐ Asthma ☐ CAD ☐ CHF ☐ COPD ☐ Diabetes- Type I II ☐ Dialysis ☐ HTN ☐ Pregnant ☐ Seizures

Medication: ☑ Denies ☐ Unknown

Allergies: ☑ Denies ☐ Unknown ☐ LATEX ☐ Penicillin ☐ Aspirin ☐ Sulfonamides ☐ Codeine ☐ Acetaminophen

Pre-Arrival Treatment: By: None ☐ Assessment ☐ V/S ☐ Bandaging/Splinting ☐ Spinal Restriction ☐ O2 ____ Lpm ☐ BVM

☐ CPR ☐ AED shocks x____ ☐ Cardiovert/Defib x____ ☐ IV/IO: ☐ Fluid Bolus ____ mL

☐ ETI: ☐ Other:

☐ Medications:

Assessment/Medications/Intervention: **Patient Weight:** 100 kgs. 220 lbs. Est. **Temp:** / F PO PR AX **BGL:** inital: / mg/dl @: / repeat: / mg/dl @: /

All times ~

	Time (24 Hour Time)	1258	1311	1313	1316	1321	1326	1331	1336			
GCS	Mental Status AVPU / GCS	A 15	A 15	A 15	A 15	A 15	A 15	A 15	A 15			
VITAL SIGNS	Blood Pressure	BP[illegible]	127/77	[illegible]	111/79	110/74	121/72	149/56	122/84			
	Heart Rate (Regular / Irregular)	80	72	72	90	84	73	54	60			
	Respiratory Rate/Ventilation Rate	20	18	16	16	22	29	32	30			
AIRWAY	Oxygen Sat. (SPO_2) (Room Air / On O2)	1	1	98	98	97	93	99	97			
	End-Tidal CO_2 Device (Colormetric / Quantitative)	A B C MMHG	A B C 32 MMHG	A B C 16 MMHG	A B C 110 MMHG	A B C 18 MMHG	A B C 19 MMHG	A B C 20 MMHG	A B C 21 MMHG	A B C MMHG	A B C MMHG	A B C MMHG
EKG	ECG Rhythm (Continuous Monitoring)											
MEDS/INTERVENTIONS	Fentanyl IVP		100 mcg		100 mcg							
	O2 NC		4 Lpm	→	→	→	→	→	→			
	Phenergan 6.25mg				IVP							
	Sling & Swathe			X						✓		
	Pain Scale (0-10)	8/10	8/10	7/10	7/10	6/10	5/10	6/10	4/10			

Response/Comments: Pt. contact; At Placement; @ Hosp

IV: #1 (IV) EJ IO SL Cath Size: 18 Fluid: NS Site: (L) Hand By: 1952 Attempts: 1 Time: 1310 Successful: ☑ #1 ☐ #2

#2 IV EJ IO SL Cath Size: ____ Fluid: ____ Site: ____ By: ____ Attempts: ____ Time: ____ Total Amount Infused: 250

Controlled Medication Wasted: Medication: ____ **Amount:** N/A **Physician/RN Receiving Report:** [signature]

Witnessed by: ____ ☑ EKG Strip Attached ☐ ACS Form Attached ☐ Addendum Form Attached

AUSTIN/TRAVIS COUNTY EMERGENCY MEDICAL SERVICES SYSTEM – CONFIDENTIAL PATIENT CARE RECORD

Physical Findings:

Clinical Impression(s) 1: (R) elbow/knee (L) Hip 2: Bike accident

Narrative: Called to location for 49 yo ♂ that had a bike accident. On arrival pt. lying (L) lateral recumbent position in middle of street. Pt. AAOx4 c̄ grimace on face. Pt stated that his pedal sheared off, causing him to go over his handle bars, pt. was doing ≈ 15 mph @ time. Pt. c/o (R) elbow, knee and (L) Hip pain. Pt. had his helmet on. ̄p spinal assessment and spine cleared, helmet taken off. Pt. denies CP, SOB, syncope, n/v or H/A. Pt. given pain Rx just prior to splinting (R) arm and moving pt. onto cot. Pt. taken to Seton. Pt. c/o n/v and phenergan given c̄ 2nd Fentanyl dose. Δ in pt. condition rest of trip. Report and care given to ED staff.

Assessment		Significant Findings
Skin ☒ No Abnormalities Noted ☐ Not Assessed	No cyanosis, diaphoresis, "tenting" of skin noted	☐ Significant Findings: W/ sweaty / Pink
Head / Face ☒ No Abnormalities Noted ☐ Not Assessed	No CSF, battle's sign, "raccoon eyes", bleeding, visible trauma, nystagmus, facial drooping, dysconjugate gaze, palpable tenderness, edema noted, Eyes PERRL	☐ Significant Findings: Pupils - Perrla; Atraumatic
Neck/Chest ☒ No Abnormalities Noted ☐ Not Assessed	No JVD, accessory muscle usage, tracheal deviation, visible trauma, asymmetrical chest rise, subcutaneous emphysema, bleeding, palpable tenderness, wheeze, stridor, rhonchi, rale, diminished lung field, pacemaker, central venous line, edema noted	☐ Significant Findings: + = Lung Sounds - Clear; Atraumatic
Abdomen/GI ☒ No Abnormalities Noted ☐ Not Assessed	No Distention, rigidity, masses, visible trauma, palpable tenderness, pulsations, surgical scars, medical devices/tubes noted	☐ Significant Findings: Soft + Ø tender in all 4 Quads
Pelvis/GU ☐ No Abnormalities Noted ☐ Not Assessed	No palpable tenderness or deformity, visible trauma, incontinence, bleeding noted	☒ Significant Findings: (L) Hip - ⊕ pain Ø deformity or crepitus
Back/Spine ☒ No Abnormalities Noted ☐ Not Assessed	No palpable tenderness or deformity, visible trauma, bleeding, kyphosis, scoliosis, edema noted	☐ Significant Findings:
Extremities ☐ No Abnormalities Noted ☐ Not Assessed	No palpable tenderness or deformities, visible trauma, bleeding, weakness, paralysis, amputations, delayed capillary refill, edema noted	☒ Significant Findings: (R) elbow - + Pain - Ø deformity or crepitus; (R) Knee - Abrasion Ø active bleeding

Glasgow Coma Scale: INITIAL GCS SCORE: 15 GCS UPON ARRIVAL AT ED: 15

EYE OPENING		VERBAL RESPONSE		MOTOR RESPONSE	
Spontaneous *(Spontaneous)*	4	Oriented *(Smiles or Babbles)*	5	Obeys Commands *(Appropriate for age)*	6
To VERBAL Stimuli *(To Voice)*	3	Confused *(Irritable / non consolable)*	4	Localizes Pain *(Withdraws to touch)*	5
To PAINFUL Stimuli *(To Pain)*	2	Inappropriate Words *(Cries / screams with pain)*	3	Withdraws from Pain *(Withdraws to painful stimuli)*	4
None *(None)*	1	Incomprehensible Words *(Grunts / moans with pain)*	2	Flexion with Pain *(Decorticate posturing)*	3
Indicate if eyes are swollen shut		None *(None)* *Indicate if patient is intubated*	1	Extension with Pain *(Decerebrate posturing)*	2
				None *(None)* *(Indicate if receiving paralytics)*	1

Spinal Assessment: ☐ Not Assessed
- Unreliable Pt Exam ☐ Yes ☒ No
- Distracting Injury ☐ Yes ☒ No
- Abnormal Sens./Motor ☐ Yes ☒ No
- Spinal Pain/Injury ☐ Yes ☒ No

DOS / OOH-DNR: Pronouncement Time: ______ Hospital ______
Physician: ______ OOH-DNR? ☐ Y ☐ N DNR Honored? ☐ Y ☐ N *If No, Explain why in narrative.*

Valuables: ☐ None ☒ Keys ☐ Purse/Wallet ☐ DL/Insurance card ☐ Glasses ☐ Jewelry______ ☐ Money $______ amount ☐ Cell Phone
☐ Other:______ **Left With/at:** ☒ Patient ☐ Family ☐ Home ☐ Neighbor ☐ Co-Worker ☐ ED Staff______

Disposition: ☒ Code 1 transport ☐ Code 3 transport ☐ Dead on Scene ☐ Refusal ☐ Referred to:______
Transported to: ☐ Brackenridge ☐ HHOA ☐ RRMC ☐ NAMC ☐ SAH ☐ SDMC ☐ SMC ☐ SNW ☐ SSW ☐ Other:______
Reason: ☐ Patient Pref. ☐ SOC Guidelines ☒ Location ☐ Hospital Diversion ☐ Emergency transfer ☐ Physician Pref. ☐ Other:______

Transport Code: ☐ Alpha ☐ Bravo ☒ Charlie ☐ Delta ☐ Echo **Trauma:** ☐ Category 1 ☐ Category 2 ☒ Category 3

Medic/Employee ID: Lead Medic Watkins 1552 Medic 2: Hardy 2246 Medic 3:______ Medic 4:______
EMS Unit: Medic 30 Rescue____ STARflight 1 2 Command______ Other Unit:______

Name: Eggers
ID: 0510071138802
Patient ID:
Incident:
Age: 45 Sex: M

CODE SUMMARY™
critical event record

Power On: 10 May 07 13:08:02
Device: AUSTIN EMS
Site: MONITOR-29
Total Shocks: 0
Total Time Paced: 00:00:00
Total 12-leads: 0
Elapsed Time: 00:29:48
Comments:

3011371-103 2004KROKGNSP7Q LP1232443592

Time	Event	HR	SpO2•PR	EtCO2(mmHg)•RR	NIBP(mmHg)•PR
13:08:02	Power On				
13:11:26	NIBP	---		17•32	122/77(92)•80
13:12:43	Initial Rhythm	---		17•31	
13:16:19	NIBP	90	93•68	16•14	111/79(91)•68
13:21:16	NIBP	84	97•78	18•22	110/74(90)•76
13:26:35	NIBP	73	93•74	19•29	121/72(91)•76
13:31:44	NIBP	54	99•56	20•32	142/56(87)•49
13:36:36	NIBP	60	97•59	21•30	122/84(103)•70

MEDTRONIC PHYSIO-CONTROL P/N 805319